

***Promoting Wellness and Prevention Under Managed Care–  
What is Needed?***

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To give you a little more about my background, I worked for about four or five years as a Medical Director within the managed care industry. I left the industry in early 1990s under ethical protest because I felt that the industry was not doing what it was claiming to do. I have probably been its most outspoken public critic since then.

To answer this question about wellness and prevention, what is needed is to pose this in terms of three critical examinations.

One, is to challenge you to think about what the concepts of wellness and prevention mean and to challenge those definitions.

Two, is to address the intersection of the concepts of wellness and prevention with managed care.

Third, is to challenge us to think about what our willingness will be to be to take seriously these concepts.

First of all, my simple answer to what is needed is probably best demonstrated by this cartoon from John Callahan. He's a little more irreverent than Larson, but it is hard to break the paradox.

When I think about prevention, I think about my days as a medical director -- all filled with this notion that we can make changes. I wanted to do something very simple with regard to our diabetic patients. We didn't pay for nutritional counseling, because that was considered to be a perk, so I decided we would pay for dietary counseling for our

diabetic patients. That seemed very reasonable; it was preventive; it was in the late 80s and early 90s when prevention was in vogue, so I implemented this policy in our managed care organization.

As soon as diabetics started going for counseling, the nutritionists also told them about other diseases associated with diabetes. Requests for endocrinology referrals, neurology referrals, cardiovascular referrals, in addition to other tests, went up. The next year, we had several employers, who we had avoided and shunned before because of their high utilization and demographics, suddenly wanted to be part of our plan. I inadvertently felt that adverse consequences of prevention.

This captures some of the consequences of prevention, where he said that after catching the worm, the early bird bought a townhouse in the Upper West side, married a female half his age, and settled into non-obscure. He took to drink after a series of personal setbacks, fell into the thrill-seeking crowd, and was subsequently arrested for certain perversions, despondent. With his marriage in shambles, he flew headlong into a patio window, breaking his neck. That is how I felt after implementing my first prevention-oriented activity as a medical director, particularly when I was called to account for our rising costs by the Board.

To begin, I would like to raise some initial observations about wellness and prevention and the big gap between theory and reality.

First of all, I think it is most important to emphasize that it is not a marketing strategy or a public relations tool. Too often I am seeing that is exactly the case. In fact, I was on a television show about a month ago with a representative of a managed care company who didn't understand prevention enough to get it right. He was touting the fact that his plan prevented breast cancer by doing mammograms. I later explained to him the path of physiology of breast cancer.

We get caught up with these buzz words, and we forget that prevention and wellness, even if they do have pulsating effects, are not unlimited. We ultimately are mortal beings, and, as Dr. Autry said so well this morning, we have to think about wellness and prevention in the context of the entire continuum of care.

Also, in the managed care industry when prevention and wellness are used as marketing tools, we will tout, for example, the mammogram rate. What women can't find out, however, is how you are going to be treated when those cancers are identified. We have to think about this in terms of an entire continuum.

I think it is important that we avoid getting caught up in this cult of wellness, in which we begin to use wellness and prevention as another means to discriminate, or to see groups of people as burdensome or intolerant.

As we've touched on in a lot of the presentations today, when we talk about real wellness, real prevention, we're talking about making existential changes. That's something that far exceeds even what a managed care company can do, what an employer can do, and even what a family and community can do.

On the issues of trust and time, we're creating, I fear, an incredible bio-medical, mechanical health care system that defines everything in terms of organs, body parts and fragmented carve-outs, even worse than we did in the fee-for-service days. Of course, the level of trust effects the ability to engage people in relationships to significantly change their existential plight.

I think some of the real realm of prevention does not fit our current schemes. Certainly it far exceeds quarterly and annual reports in managed care companies. It even exceeds some employment time, and for some employers, and we had some discussion this morning from Dr. Hullett, who talked about direct and indirect costs, which raises short-term and long-term issues.

I want to show you briefly something that's interesting and apologize for my primitive overheads. I was particularly interested in this study that came out where researchers looked at the leading causes of death in the United States. You can just look down at this familiar information. What was more interesting to me, was that when they went back and re-did these, in terms of the actual non-leading causes of death, we see tobacco, diet and activity, alcohol, toxic agents, firearms, motor vehicles, and illicit drugs -- all things that we know are the root causes of the medical diagnosis we saw on that first overhead.

That's my point about real wellness and prevention. If we're going to really talk about wellness and prevention, we need to be willing to talk about the root causes. The recent discussion about tobacco is at least evidence that we're not quite as serious about getting to the root causes as we talk a lot about.

How do wellness and prevention intersect with managed care? At first, I'd like to make a few little remarks about managed care in general. You know, it's incredible to me that we've taken a buzz word and created an ideology around it. I was actually getting a little unnerved sitting here listening to some of the conversations, because I thought, I'm going to be quickly painted as a kind of anti-managed care person. But we've created this ideology that prevents us from reasonably questioning the real implications of some of the payment system results.

Here is another thing in Callahan's book that I thought captured it. You see all the cats there with their crooked tails saying, "Welcome to the vacuum cleaners survivors support group." I sort of feel this way sometimes when we talk and agonize over something that we have labeled as managed care.

What I would like to do, just very quickly, because this is something that I do, in a seminar that's much more extensive. There's a hand-out that goes into much of this in more detail. I want to remind everybody that managed care is just a model -- a resource

distribution model. It replaced the old fee-for-service model in that it integrates payment and delivery. It is a model that is not unique to health care.

If we don't develop a way to be critical of managed care processes in a healthy, continuously evolving way, we're going to rapidly acquire some of the flaws of the system, and roll those over into other resource distributions because it's not relating to health care.

Certainly there are positives and negatives, and I've just listed a few of them. The positives are that if it's done right, it provides coordination and continuity, and, if we have the data, we can do outcome analysis, as Mr. Woods talked about today. We can't seriously look at the negatives without somebody saying, "you're ideologically challenging something." We have to seriously question those when we talk about wellness and prevention, particularly with mental health and substance abuse. I went into a lot of these in more detail in this hand out.

I want to talk about some of these in general. For example, I was a medical director in a plan in which we carved out a mental health benefits to a managed care company. I saw the unconscionable treatment of our members by this managed health care company that was trying to maximize its profits based on our capitation rate, to the point that I had to implement an astringent policy assurance risk management plan to oversee the managed care company and its treatment of our members. I'm not sure that a model that is based on barriers and restraints is the model that is going to be most effective when we talk about mental health and substance abuse issues -- certainly something that is based on fragmentation. One thing has come clear today, from all the speakers, including the gentleman from Weyerhaeuser. We have to think about these problems in the context of the whole person, the whole community, the whole society which crosses the medical system, the social system, and certainly the business systems.

Again, I go into these details on my handout, so I'm not going to spend a lot of time.

I think that we need a different kind of prevention for mental health and substance abuse. Prevention in a regular medical context is too often misinterpreted. It means doing things like mammograms, pap smears, and screening -- well, that's not real prevention. Real prevention is going into schools and educating people about nutrition or to actually change lifestyle behaviors. I think sometimes we don't have a real conception of what "prevention" really means.

This whole idea of medical necessity versus social economic necessity really fascinates me. With this narrow version of how managed care works and from a perspective of a health plan, we're making medical necessity decisions.

Dr. Hullett was wonderful in explaining this today in terms of an employer context -- where a managed care plan can look at something simply from the medical indications with a very limited evaluation of outcome, without ever being forced, either by the company, the employer, or society, to look at the total efforts outcome, and the socio-economic necessity involved.

In the area of mental health and substance abuse treatment, if you deny treatment to a young teenager with alcohol problems, we may not, in society, see the effects of that until that teenager is an adult and has long-term medical problems. We may not see the sociological effects of that until that teenager becomes two years older and kills himself or others in a car accident. So that concerns me.

I have concerns when you discuss the idea of limited resources or rationing health care. We exist in a country that has the most abundant resources available. I come from a city in which the entire downtown Louisville, virtually, is one huge medical complex. One out of eight people in Downtown Louisville is employed in the health industry. A new dean promises to add (30 and down chairs?) and more research, and create a bio-park. So the real issue is not limited resources rather that we are not making, as Dr. Hullet said, the appropriate resource decisions.

For example, when I do a regular, managed care seminar, I have a slide that has an organizational chart with 70 people on it. It comes from an average managed-care plan with about 100,000 members. None of those 70 people deliver any direct care. All of their jobs have been created within the past decade with names that have to do with utilization management, financial management -- all those type of things. And it takes an average of five to six million dollars a year to support that payroll. At some point we must seriously consider whether that's an appropriate use of our resources.

In conclusion, the third issue is to seriously challenge what our willingness is going to be.

When Dr. Hullett talked in the questions today about a model that actually is willing to spend more money up front with expectation of greater consequences, I overheard somebody during the break saying, "Oh, how could we ever do that?" If we don't seriously think about the fact that the model that's evolving is based on restraint and control and withholding and limiting care in ways that we're not critically examining, we will have a society-wide crisis.

The challenge I would like to leave you with is that one. I think that we will always be in health system reform. It is something that will always parallel the growth and development of society and the changes that occur and how all this intersects sociologically and economically.

The second thing is that health is greater than medicine. That is the one thing that I have learned since medical school. There is more to the care of persons than a doctor can do. The greatest advantage of the health care revolution is the widening of the web of people who care for people.

The issues are also greater than the health system. In thinking about managed care plans, and their responsibility for wellness and prevention, we have to be careful not to ask them to do more than what they can even do, because we have societal responsibilities.

We must find ways to fuse clinical results within a personal, social, and family context. As Dr. Hullett said so well today, we must look at the adverse consequences, not just from a medical cost savings, but from a whole society.

We must create an environment of openness, honesty, good communication, partnership, confidentiality, trust, and safety. I thought today, as the man from Weyerhaeuser spoke, we're creating a system that is as paternalistic as the old days of medicine. Instead of having a doctor dictate what will happen, we have a corporation. We have to be cautious that we don't erode the substance of things that are necessary to support the real existential change that we talk about about when we talk about wellness and prevention. The direct and indirect costs, I can't say it any better than Dr. Hullett said this morning and respect for persons, hope, dignity, and possibility.

I would like to end by emphasizing something Mr. Woods was talking about today and echoing some of the things that I hear when I go out and talk to consumers and I talk to physicians all over the country. I'm constantly hearing about the adverse things of managed care as mere anecdotes. I can't quite understand why the negatives are anecdotal, and all the positives are fact.

A recent experience illustrates this. Recently, I was asked to look at a series of documents that involved the death of a young girl who had an eating disorder and a substance abuse and drug problem -- all things intertwined. They don't neatly divide themselves the way textbooks like to divide them, or managed care plans like to divide them, or benefits like to divide them. We had thousands of pages of documents, reading letters and communication, and back and forth between this behavioral and subcontracted behavioral health organization, trying to avoid paying for anything. When she had a complication of her eating disorder, it was a substance abuse problem, and that wasn't our responsibility. We were denying it on a technical coverage issue. When she had a substance abuse problem, that wasn't the problem, it was an eating disorder. Then, stuffed right in the middle of all of these pages, was her suicide note.



I thought, you know that's what it really comes down to. And I think we are entering into a dangerous area when we discount the ill effects of the health care system, the ill effects on people's lives, and refer to them as just mere anecdotes. That's the risk when we don't take seriously people's stories, our employee's experiences, our family experiences, and our community experiences.

The last thing is, the most effective wellness and prevention really, ultimately, starts outside the health care system. If we're going to be committed to changing the health care system, that incorporates wellness and prevention, I think need to commit to changing families and communities to incorporate those very kinds of notions. Going back to the root causes means challenging some serious paragons and institutions within our society.

Thank you very much.

(applause)